



衛生署 公共衛生檢測中心
九龍 石硤尾 南昌街 382 號
Public Health Laboratory Centre, Department of Health
382 Nam Cheong Street, Shek Kip Mei, Kowloon

**Enhanced Laboratory Surveillance with Testing for COVID-19
at Clinics of Private Medical Practitioners**

HKID : _____ ()

Name : _____
Surname first (in BLOCK letters)

Date of Birth : _____ / _____ / _____ Age : _____ Sex : _____
(Day) (Month) (Year) (Year / Month)

Travel Document No.: _____ Hospital / Clinic Ref. No.: _____
(if no HKID)

Occupation : _____ Collection Date : _____ / _____ / _____
(Day) (Month) (Year)

Patient's Mobile No.: _____ Collection Time : _____:_____ (AM/PM)
(Hour) (Minute) (delete as appropriate)

Report to be sent to : _____ Fax No. of Private Laboratory : _____
(Name of Private Laboratory) (For receiving laboratory report)

Requesting Doctor : _____ Signature : _____
(Name of Private Medical Practitioner)

Important : To ensure timely reporting of result, please clearly state the name of private laboratory and fax number for receiving laboratory report.

Clinical diagnosis^[Note] : Fever Respiratory symptoms Other symptoms : _____

Epidemiological information : Travel within 14 days Contact of any confirmed COVID-19 case

Specimen : Deep throat saliva Nasopharyngeal swab Sputum

Examination required : SARS-CoV-2 RT-PCR test

^[Note] This Enhanced Laboratory Surveillance is intended to enhance SARS-CoV-2 testing on patients presenting with fever and/or respiratory symptoms. Only patients presented with fever and/or respiratory symptoms will be tested.

FOR LABORATORY USE ONLY

Laboratory No.: _____